L21000260737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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05/10/21--01002--006 **125.00

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2021 MAY -10 P 2:28

LEGACY
COUNSELLORS, P.C.

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2021 MAY 10 AM 9:29

May 4, 2021

Florida Department of State – Division of Corporations
New Filing Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Santully, LLC

To Whom It May Concern:

Enclosed, please find the following documents for filing the above referenced LLC in the state of Florida:

1. Application for filing Articles of Organization in the state of Florida
2. Payment check in the amount of $125.00 for the filing fees.

Once the Articles of Organization have been successfully processed and filed, please return all documentation to our office using the enclosed postage paid return envelope provided.

If you have any questions, please do not hesitate to call our office at (413) 527-0517. Thank you.

Sincerely,

Lisa Belz
Client Services Coordinator

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Santully LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin D. Quinn
Name of Person

Legacy Counsellors, P.C.
Firm/Company

117 Pleasant Street
Address

Easthampton, MA 01027
City/State and Zip Code

kquinn@legacycounsellors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin D. Quinn at (413) 527-0517
Name of Person | Area Code | Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $125.00 Filing Fee
☐ $130.00 Filing Fee & Certificate of Status
☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Santully, LLC
(Must contain the words "Limited Liability Company," "L.L.C." or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
45 High Street	45 High Street
Amherst, MA 01002	Amherst, MA 01002

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Registered Agent Solutions, Inc.
Name

155 Office Plaza, Suite A
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee	FL	32301
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Jaclyn Wright, Asst. Sec.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR	Gavin A. Andresen 45 High Street Amherst, MA 01002

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gavin A. Andresen, Manager
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)